

# EXHIBIT 6

**Form 1040 U.S. Individual Income Tax Return 2005** (99) IRS Use Only—Do not write or staple in this space.

**Label** (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning , ending

OMB No. 1545-0074

Your first name M.I. Last name Suffix  
**ELERTA** **GORE**

If a joint return, spouse's first name M.I. Last name Suffix

Home address (number and street). If you have a P.O. box, see page 16. Apt. no.  
**1 74TH STREET** **1N**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.  
**BROOKLYN NY 11209**

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ☒ You ☐ Spouse

**Filing Status**

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child (see page 17)

Check only one box.

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 19)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see page 19.

d Total number of exemptions claimed **1**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8b 0

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 23)

9b 0

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a 0

b Taxable amount (see page 25)

15b 0

16a Pensions and annuities

16a 0

b Taxable amount (see page 25)

16b 0

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a 0

b Taxable amount (see page 27)

20b 0

21 Other income. List type and amount (see page 29)

\$ 0

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **9,721**

**Adjusted Gross Income**

23 Educator expenses (see page 29)

23 0

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24 0

25 Health savings account deduction. Attach Form 8889

25 0

26 Moving expenses. Attach Form 3903

26 0

27 One-half of self-employment tax. Attach Schedule SE

27 687

28 Self-employed SEP, SIMPLE, and qualified plans

28 0

29 Self-employed health insurance deduction (see page 30)

29 0

30 Penalty on early withdrawal of savings

30 0

31a Alimony paid b Recipient's SSN

31a 0

32 IRA deduction (see page 31)

32 0

33 Student loan interest deduction (see page 33)

33 0

34 Tuition and fees deduction (see page 34)

34 0

35 Domestic production activities deduction. Attach Form 8903

35 0

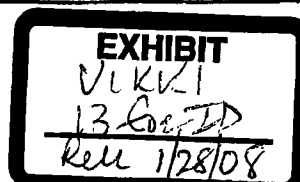
36 Add lines 23 through 31a and 32 through 35

36 687

37 Subtract line 36 from line 22. This is your adjusted gross income **9,034**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78.  
 (HTA)

Form **1040** (2005)  
 P133



Tax and Credits		38		9,034	
<b>Standard Deduction for—</b> • People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36. • All others: Single or Married filing separately, \$5,000 Married filing jointly or Qualifying widow(er), \$10,000 Head of household, \$7,300	38	Amount from line 37 (adjusted gross income).		38	9,034
	39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a			
		if: <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind.			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <input type="checkbox"/> 39b			
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	5,000
	41	Subtract line 40 from line 38		41	4,034
	42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d		42	3,200
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	834
	44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		44	84
	45	Alternative minimum tax (see page 39). Attach Form 6251		45	0
46	Add lines 44 and 45		46	84	
47	Foreign tax credit. Attach Form 1116 if required	47	0		
48	Credit for child and dependent care expenses. Attach Form 2441	48	0		
49	Credit for the elderly or the disabled. Attach Schedule R	49	0		
50	Education credits. Attach Form 8863	50	84		
51	Retirement savings contributions credit. Attach Form 8880	51	0		
52	Child tax credit (see page 41). Attach Form 8901 if required	52	0		
53	Adoption credit. Attach Form 8839	53	0		
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	0		
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	0		
56	Add lines 47 through 55. These are your total credits	56	84		
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	0		
Other Taxes	58	Self-employment tax. Attach Schedule SE	58	1,373	
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	0	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	0	
	61	Advance earned income credit payments from Form(s) VV-2	61	0	
62	Household employment taxes. Attach Schedule H	62	0		
63	Add lines 57 through 62. This is your total tax	63	1,373		
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	0	
	65	2005 estimated tax payments and amount applied from 2004 return	65	0	
	66a	Earned income credit (EIC)	66a	0	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b 0	66b	0	
	67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	0	
	68	Additional child tax credit. Attach Form 8812	68	0	
	69	Amount paid with request for extension to file (see page 59)	69	0	
	70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8865	70	0	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	0		
Refund	72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	0	
	73a	Amount of line 72 you want refunded to you	73a	0	
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d	Account number <input type="text"/>			
74	Amount of line 72 you want applied to your 2006 estimated tax	74	0		
Amount You Owe	75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	1,373	
	76	Estimated tax penalty (see page 60)	76	0	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see page 61)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No				
	Designee's name <input type="text"/> Preparer	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <b>ENTERTAINER</b>	Daytime phone number <input type="text"/>	
	Spouse's signature. If a joint return, both must sign. <input type="text"/>		Date <input type="text"/>	Spouse's occupation <input type="text"/>	
Paid Preparer's Use Only	Preparer's signature <b>Michael DiMaggio</b>	Date <b>3/22/2006</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN <b>P00232413</b>	
	Firm's name (or yours if self-employed), address, and ZIP code <b>DiMaggio Co. 144-28 25 drive Flushing</b>	EIN <b>11-3548063</b>	Phone no. <b>718-353-4664</b>		
	State <b>NY</b>	ZIP code <b>11354</b>			

Form 1040 (2005)

P134

<b>(Form 1040)</b>		<b>2005</b>
Department of the Treasury Internal Revenue Service (99)		Attachment Sequence No. <b>09</b>
Name of proprietor <b>ELERTA GORE</b>		Social security number (SSN) <b>088-94-5246</b>
A Principal business or profession, including product or service (see page C-2 of the instructions) <b>PPROFESSIONAL PERFORMER</b>		B Enter code from pages C-8, 9, & 10 <b>711510</b>
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), if any
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify)		
G Did you "materially participate" in the operation of this business during 2005? If "No," see page C-3 for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2005, check here		

**Part I Income**

1 Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here <input type="checkbox"/>	1	35,806
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	35,806
4 Cost of goods sold (from line 42 on page 2)	4	0
5 Gross profit. Subtract line 4 from line 3	5	35,806
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	6	0
7 Gross income. Add lines 5 and 6	7	35,806

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense	18	175
9 Car and truck expenses (see page C-3)	9	0	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	7,161	20 Rent or lease (see page C-5):		
11 Contract labor (see page C-4)	11		20a Vehicles, machinery, and equipment	20a	0
12 Depletion	12		20b Other business property	20b	9,300
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13	0	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	0
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a	0	24a Travel	24a	2,100
b Other	16b	0	24b Deductible meals and entertainment (see page C-5)	24b	1,200
17 Legal and professional services	17	225	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns			26 Wages (less employment credits)	26	0
29 Tentative profit (loss). Subtract line 28 from line 7			27 Other expenses (from line 48 on page 2)	27	5,924
30 Expenses for business use of your home. Attach Form 8829			28	28	26,085
31 Net profit or (loss). Subtract line 30 from line 29.			29	29	9,721
<ul style="list-style-type: none"> <li>If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>If a loss, you must go to line 32.</li> </ul>			30	30	0
32 If you have a loss, check the box that describes your investment in this activity (see page C-6).			31	31	9,721
<ul style="list-style-type: none"> <li>If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>If you checked 32b, you must attach Form 6198. Your loss may be limited.</li> </ul>			32a	<input type="checkbox"/> All investment is at risk.	
			32b	<input type="checkbox"/> Some investment is not at risk.	

 For Paperwork Reduction Act Notice, see page C-7 of the instructions.  
 (HTA)

Schedule C (Form 1040) 2005

**Part III Cost of Goods Sold** (see page C-6)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		0

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ►		
44	Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:		
	a Business	b Commuting (see instructions)	c Other
	0	0	0
45	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

CELL PHONE	624
COSTUMES	2,500
CONSULTANT	1,800
PROMOTION	1,000
	0
48 Total other expenses. Enter here and on page 1, line 27	48 5,924

Schedule C (Form 1040) 2005

(Form 1040)

Department of the Treasury  
Internal Revenue Service (99)**Self-Employment Tax****2005**Attachment  
Sequence No. 17

▶ Attach to Form 1040. ▶ See Instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

ELERTA GORE

Social security number of person  
with self-employment income ▶

088-94-5246

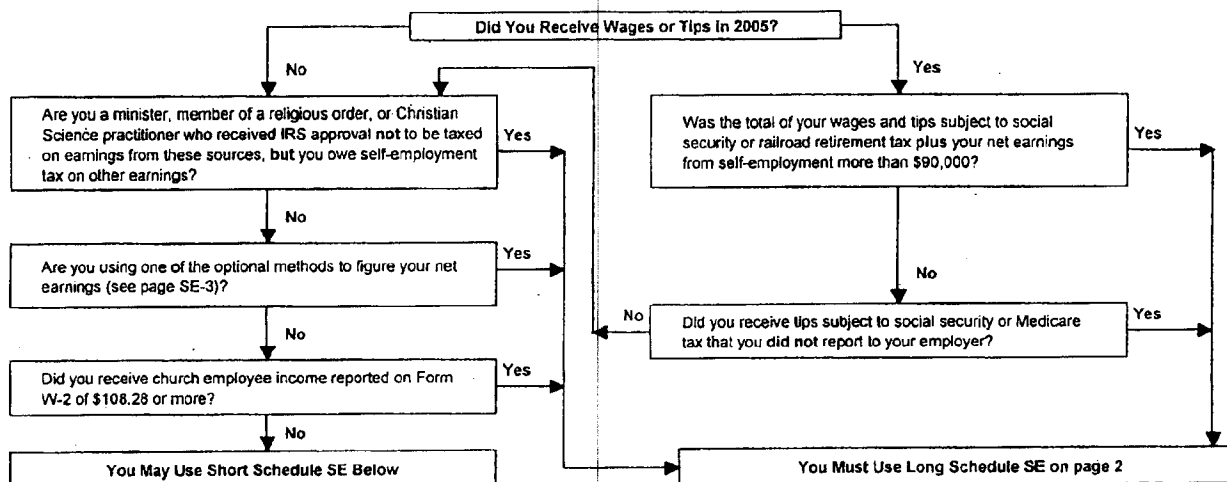
**Who Must File Schedule SE**

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 58.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	1	0
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report . . . . .	2	9,721
3	Combine lines 1 and 2 . . . . .	3	9,721
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax . . . . . ▶	4	8,977
5	Self-employment tax. If the amount on line 4 is: • \$90,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. • More than \$90,000, multiply line 4 by 2.9% (.029). Then, add \$11,160.00 to the result. Enter the total here and on Form 1040, line 58. . . . .	5	1,373
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27 . . . . .	6	687

For Paperwork Reduction Act Notice, see Form 1040 instructions.  
(HTA)

Schedule SE (Form 1040) 2005



Form 8863 (Rev. January 2006) Department of the Treasury Internal Revenue Service (99)		<b>(Hope and Lifetime Learning Credits)</b> ▶ See Instructions. ▶ Attach to Form 1040 or Form 1040A.			<b>2005</b> Attachment Sequence No. <b>50</b>	
Name(s) shown on return <b>ELERTA GORE</b>				Your social security number <b>088-94-5246</b>		
<b>Caution: You cannot take both an education credit and the tuition and fees deduction (Form 1040, line 34, or Form 1040A, line 19) for the same student in the same year.</b>						
<b>Part I Hope Credit. Caution: You cannot take the Hope credit for more than 2 tax years for the same student.</b>						
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$2,000* for each student.	(d) Enter the smaller of the amount in column (c) or \$1,000**	(e) Add column (c) and column (d)	(f) Enter one-half of the amount in column (e)
	ELERTA					
	GORE	088-94-5246	2,000	1,000	3,000	1,500
			0	0	0	0
			0	0	0	0
* For each student who attended an eligible educational institution in the Gulf Opportunity Zone, do not enter more than \$4,000. ** For each student who attended an eligible educational institution in the Gulf Opportunity Zone, enter the smaller of the amount in column (c) or \$2,000.						
2	Tentative Hope credit. Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for another student, go to Part II; otherwise, go to Part III.					2 1,500
<b>Part II Lifetime Learning Credit</b>						
3	Caution: You cannot take the Hope credit and the lifetime learning credit for the same student in the same year.		(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)	
					0	
					0	
					0	
4	Add the amounts on line 3, column (c), and enter the total.					4 0
5 a	Enter the smaller of line 4 or \$10,000.					5a 0
	b For students who attended an eligible educational institution in the Gulf Opportunity Zone, enter the smaller of \$10,000 or their qualified expenses included on line 4 (see special rules on page 3)					5b 0
	c Subtract line 5b from line 5a.					5c 0
6 a	Multiply line 5b by 40% (.40).					6a 0
	b Multiply line 5c by 20% (.20).					6b 0
	c Tentative lifetime learning credit. Add lines 6a and 6b and go to Part III.					6c 0
<b>Part III Allowable Education Credits</b>						
7	Tentative education credits. Add lines 2 and 6c.					7 1,500
8	Enter: \$107,000 if married filing jointly; \$53,000 if single, head of household, or qualifying widow(er).					8 53,000
9	Enter the amount from Form 1040, line 38*; or Form 1040A, line 22					9 9,034
10	Subtract line 9 from line 8. If zero or less, stop; you cannot take any education credits.					10 43,966
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er).					11 10,000
12	If line 10 is equal to or more than line 11, enter the amount from line 7 on line 13 and go to line 14. If line 10 is less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places).					12 X 1.00000
13	Multiply line 7 by line 12.					13 1,500
14	Enter the amount from Form 1040, line 46, or Form 1040A, line 28.					14 84
15	Enter the total, if any, of your credits from Form 1040, lines 47 through 49, or Form 1040A, lines 29 and 30.					15 0
16	Subtract line 15 from line 14. If zero or less, stop; you cannot take any education credits.					16 84
17	Education credits. Enter the smaller of line 13 or line 16 here and on Form 1040, line 50, or Form 1040A, line 31.					17 84

\* If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter.

**1 Gross receipts or sales NOT reported on 1099-MISC or W-2 for statutory employees:**

.....	_____
.....	_____
.....	_____
.....	_____
Total other gross receipts or sales	1 0

**2 Miscellaneous Income**

Complete Form 1099-MISC and check the appropriate box(es) for income for this Schedule C.

1	<input checked="" type="checkbox"/>	Name	Amount
		333 EAST 60TH ST., INC.	35,806

Total income from Form 1099-MISC	2	35,806
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**3 Statutory Employees**

Complete Form W-2 and check the appropriate box(es) for income for this Schedule C.

1	<input type="checkbox"/>	Name	Amount
		.....	_____

Total Statutory Wages	3	0
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4 Total gross receipts or sales	4	35,806
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**Line 20a and b (Sch C (1040)) - Rent or lease vehicles, machinery, and equipment**

1 Vehicle lease or rental Less: inclusion amount (enter as a positive number)	1	0
2 Machinery lease or rental	2	_____
3 Equipment lease or rental	3	_____
4	4	_____
5	5	_____
6	6	_____
7	7	_____
8	8	_____
9	9	_____
10 Total. Enter on line 20a	10	0

**Other business property**

1	1	9,300
2	2	_____
3	3	_____
4	4	_____
5	5	_____
6	6	_____
7	7	_____
8	8	_____
9	9	_____
10 Total. Enter on line 20b	10	9,300

**Line 24a (Sch C (1040)) - Travel Expenses**

1 TAXI & TRANSPORTATION	1	2,100
2	2	_____
3	3	_____
4	4	_____
5	5	_____
6	6	_____
7	7	_____
8	8	_____
9	9	_____
10 Total travel expenses	10	2,100



1	Meals and entertainment subject to percentage limitation		2,400	
	Total business meals and entertainment subject to percentage limitations	1		2,400
2	Enter nondeductible amount included on line 1 (see the instructions for Schedule C, line 24b)	50% Nondeductible %	2	1,200
3	Deductible business meals and entertainment (subject to the percentage limitation). Subtract line 2 from line 1		3	1,200
4	Meals and entertainment not subject to percentage limitation			
	Total business meals and entertainment not subject to percentage limitations	4		0
5	Total meals and entertainment expense. Line 3 plus 4. Enter on line 24	5		1,200

**Line 2 (Sch SE (1040)) - Net business profit or (loss)**

1	From Schedule C (Form 1040) - Profit or Loss From Business	1	9,721
2	From K-1 Input Worksheet (1065) - Self-employment nonfarm income	2	0
3	LESS from K-1 Input Worksheet (1065) - Sec. 179 expense deduction	3	0
4	LESS from K-1 Input Worksheet (1065) - Unreimbursed partnership expenses	4	0
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11	Total for net business profit or (loss)	11	9,721

Form <b>0013</b>	<b>IRS e-file Signature Authorization</b>	<b>2005</b>
Department of the Treasury Internal Revenue Service	<p>▶ Do not send to the IRS. This is not a tax return.</p> <p>▶ Keep this form for your records. See instructions.</p>	

Declaration Control Number (DCN) ▶ 00117311002996	
Taxpayer's name <b>ELERTA GORE</b>	Social security number <b>088-94-5246</b>
Spouse's name	Spouse's social security number

**Part I Tax Return Information—Tax Year Ending December 31, 2005 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	9,034
2	Total tax (Form 1040, line 63; Form 1040A, line 38; Form 1040EZ, line 10)	2	1,373
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7)	3	0
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	0
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12)	5	1,373

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2005, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- ☐ I authorize DiMaggio Co. to enter my PIN 45246 as my signature  
ERO firm name  
on my tax year 2005 electronically filed income tax return.  
do not enter all zeros
- ☒ I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- ☐ I authorize DiMaggio Co. to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name  
on my tax year 2005 electronically filed income tax return.  
do not enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

11731169455

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2005 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**New York IT-201  
Tax Return  
for  
ELERTA GORE  
2005**

**DiMaggio Co:  
144-28 25 drive  
Flushing, NY 11354  
718-353-4664**

2005

## Resident income tax return

New York State • New York City • Yonkers

For the full year January 1, 2005, through December 31, 2005, or fiscal year beginning .....

and ending ....

For help completing your return, see the combined instructions, Form IT-150(2014), or the IT-RP-1 resident packet instructions.

**Important: You must enter your social security number(s) in the boxes to the right.**

Attach label, or print or type

Your first name and middle initial

Your last name (for a joint return, enter spouse's name on line below)

▼ Your social security number

ELERTA

GORE

088-94-5246

Spouse's first name and middle initial

Spouse's last name

▼ Spouse's social security number

Mailing address (see instructions, page 77) (number and street or rural route)

Apartment number

New York State county of residence

1 74TH STREET

1N

• KING

City, village, or post office

State

ZIP code

School district name

BROOKLYN

NY

11209

• BROOKLYN

Permanent home address (see instructions, page 77) (number and street or rural route)

Apartment number

School district code number .. 071

City, village, or post office

State

ZIP code

Decedent information:

Taxpayer's date of death

Spouse's date of death

NY

(A) Filing status — ☒ X Single

Staple check or money order here.

mark an

2

Married filing joint return

(enter spouse's social security number above)

one box:

3

Married filing separate return

(enter spouse's social security number above)

4

Head of household (with qualifying person)

5

Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on

your 2005 federal income tax return? .....

Yes

No

X

(C) Can you be claimed as a dependent

on another taxpayer's federal return? .....

Yes

No

X

(D) If you do not need a NYS income tax forms packet mailed to you next year, mark an X in the box (see page 78).

(E) If you or your spouse maintained any living quarters in NY City during 2005, mark an X in the box (see page 78).

(F) New York City residents and New York City part-year residents only (see page 79):

(1) Number of months you lived in NY City in 2005 ..... • 12

(2) Number of months your spouse lived in NY City in 2005: •

(G) Enter your 2-digit special condition code

number if applicable (see page 79) ..... •

If applicable, also enter your second 2-digit

special condition code number. .... •

## Federal income and adjustments

Only full-year NY State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 80). Also see page 80 instructions for showing a loss.

Dollars

1	Wages, salaries, tips, etc. ....	1.	
2	Taxable interest income .....	2.	
3	Ordinary dividends .....	3.	
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25 on page 2) ..	4.	
5	Alimony received .....	5.	
6	Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040) .....	6.	9,721.
7	Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040) .....	7.	
8	Other gains or losses (attach a copy of federal Form 4797) .....	8.	
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .....	9.	
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box .....	10.	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040) .....	11.	
12	Farm income or loss (attach a copy of federal Schedule F, Form 1040) .....	12.	
13	Unemployment compensation .....	13.	
14	Taxable amount of social security benefits (also enter on line 27 on page 2) .....	14.	
15	Other income (see page 80) Identify: .....	15.	
16	Add lines 1 through 15 .....	16.	9,721.
17	Total federal adjustments to income (see page 80) Identify: HALF SE TAX \$687 .....	17.	687.
18	Subtract line 17 from line 16. This is your federal adjusted gross income. ....	18.	9,034.

(continued on page 2)

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You must file all four pages of this original  
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19 Enter the amount from line 18 on page 1. This is your federal adjusted gross income. .... 19. 9,034.

**New York additions**

(see page 81)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) ..... 20.  
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 82) .. 21.  
 22 New York's 529 college savings program distributions (see page 82) ..... 22.  
 23 Other (see page 83) Identify: ..... 23.  
 24 Add lines 19 through 23 ..... 24. 9,034.

**New York subtractions**

(see page 86)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4 on page 1) ..... 25.  
 26 Pensions of NYS and local governments and the federal government (see page 86) ..... 26.  
 27 Taxable amount of social security benefits (from line 14 on page 1) ..... 27.  
 28 Interest income on U.S. government bonds ..... 28.  
 29 Pension and annuity income exclusion (see page 86) ..... 29.  
 30 New York's 529 college savings program deduction / earnings ..... 30.  
 31 Other (see page 87) Identify: ..... 31.  
 32 Add lines 25 through 31 ..... 32. 9,034.  
 33 Subtract line 32 from line 24. This is your New York adjusted gross income. .... 33.

**Standard deduction or itemized deduction**

(see page 93)

34 Enter your standard deduction (from the table below) or your itemized deduction (from the worksheet below). Mark an X in the appropriate box: • X Standard ... or ... • Itemized 34. 7,500.  
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) ..... 35. 1,534.  
 36 Dependent exemptions (not the same as total federal exemptions; see page 95) ..... 36.  
 37 Subtract line 36 from line 35. This is your taxable income. .... 37. 1,534.

New York State standard deduction table		OR		New York State itemized deduction worksheet	
Filing status	Standard deduction — enter on line 34 above.				
① Single and you marked item C on page 1 Yes	\$ 3,000	a	Medical and dental expenses (from federal Schedule A, line 4)	.....	a.
① Single and you marked item C on page 1 No	7,500	b	Taxes you paid (from federal Schedule A, line 9)	.....	b.
② Married filing joint return	14,600	c	Interest you paid (from federal Schedule A, line 14)	.....	c.
③ Married filing separate return	6,500	d	Gifts to charity (from federal Schedule A, line 18)	.....	d.
④ Head of household (with qualifying person)	10,500	e	Casualty and theft losses (from federal Schedule A, line 19)	.....	e.
⑤ Qualifying widow(er) with dependent child	14,600	f	Job expenses and most other miscellaneous deductions (from federal Schedule A, line 26)	.....	f.
		g	Other miscellaneous deductions (from federal Schedule A, line 27)	.....	g.
		h	Enter amount from federal Schedule A, line 28	.....	h.
		i	State, local, and foreign income taxes and other subtraction adjustments (see page 93)	.....	i.
		j	Subtract line i from line h	.....	j.
		k	Addition adjustments (see page 94)	.....	k.
		l	Add lines j and k	.....	l.
		m	Itemized deduction adjustment (see page 95)	.....	m.
		n	Subtract line m from line l	.....	n.
		o	College tuition itemized deduction (see page 95)	.....	o.
		p	Add lines n and o. This is your New York State itemized deduction; enter on line 34 above.	.....	p.

(continued on page 3)



**Tax computation, credits, and other taxes** (see page 97)

38	Enter the amount from line 37 on page 2. This is your <b>taxable income</b> .	38.	Dollars	1,534.
39	New York State tax on line 38 amount (see page 97 and Tax Computation on pages 52 through 54)	39.		61.
40	New York State household credit (from table 1, 2, or 3 on pages 97 and 98)	40.	45.	
41	Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 98)	41.		
42	Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.		
43	Add lines 40, 41, and 42	43.		
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.	45.	
45	Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.	16.	
46	Add lines 44 and 45. This is the total of your <b>New York State taxes</b> .	46.	16.	

**New York City and Yonkers taxes, credits, and tax surcharges**

47	New York City resident tax on line 38 amount (see page 98 and Tax Computation on pages 63 and 64)	47.	44.	<b>◀ New York City (NYC) and Yonkers residents only: See instructions beginning on page 98 for figuring NYC and Yonkers taxes, credits, and tax surcharges.</b>
48	New York City household credit (from table 4, 5, or 6 on page 99)	48.	15.	
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.	29.	
50	Part-year New York City resident tax (attach Form IT-360.1)	50.		
51	Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		
52	Add lines 49, 50, and 51	52.	29.	
53	NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.		
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.	29.	
55	Yonkers resident income tax surcharge (see page 100)	55.		
56	Yonkers nonresident earnings tax (attach Form Y-203)	56.		
57	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		
58	Add lines 54 through 57. This is the total of your <b>New York City and Yonkers taxes surcharges</b> .	58.	29.	
59	<b>Sales or use tax</b> See the instructions beginning on page 65. Do not leave line 59 blank.	59.	0.	

**Voluntary contributions** (whole dollar amounts only; see pages 72, 73, and 102)

60a	Return a Gift to Wildlife	60a.	
60b	Missing/Exploited Children Fund	60b.	
60c	Breast Cancer Research Fund	60c.	
60d	Alzheimer's Fund	60d.	
60e	Olympic Fund (\$2 or \$4; see page 102)	60e.	
60f	Prostate Cancer Research Fund	60f.	
60g	WTC Memorial Fund	60g.	
60	Add lines 60a through 60g. This is your total <b>voluntary contributions</b> .	60.	
61	Add lines 46, 58, 59, and 60. This is your total <b>New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions</b> .	61.	45.

(continued on page 4)

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62 Enter the amount from line 61 on page 3. This is your total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions ..... 62.

**Payments and refundable credits** (see page 103)

63 NY State child and dependent care credit (attach Form IT-216) ..... 63.  
 64 NY State earned income credit (attach Form IT-215) ..... 64.  
 65 Real property tax credit (attach Form IT-214) ..... 65.  
 66 College tuition credit (attach Form IT-272) ..... 66.  
 67 NY City school tax credit (also complete (F) on page 1; see page 103) ..... 67.  
 68 NY City earned income credit (attach Form IT-215) ..... 68.  
 69 Other refundable credits (from Form IT-201-ATT, line 18; attach form) ..... 69.  
 70 Total New York State tax withheld ..... 70.  
 71 Total New York City tax withheld ..... 71.  
 72 Total Yonkers tax withheld ..... 72.  
 73 Total estimated tax payments / Amount paid with Form IT-370 ..... 73.  
 74 Add lines 63 through 73. This is the total of your payments ..... 74.

Starting this year, new Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of federal Forms W-2 and/or 1099-R.

63. Staple them (and any other applicable forms) to the top of this page 4.  
 See Step 11 on page 111 for the proper assembly of your four-page return and all attachments.

**Your refund / amount overpaid** (see page 106)

75 If line 74 is more than line 62, subtract line 62 from line 74 ..... 75.  
 76 Amount of line 75 that you want refunded to you (for Direct Deposit, see Account information on line 80) ..... 76.  
 77 Estimated tax only Amount of line 75 that you want applied to your 2006 estimated tax. (Do not include any amount that you claimed as a refund on line 76.) ..... 77.

**Refund**

45.

18.

18.

**Amount you owe** (see page 107)

78 If line 74 is less than line 62, subtract line 74 from line 62. (For Payment options, see page 107; for electronic funds withdrawal, see Account information on line 80 below.)  
 79 Estimated tax penalty (Include this amount on line 78, or reduce the overpayment on line 75. See page 107.) ..... 79.

**Owe** 78.

**Account information** (see page 108)

80 Mark one box: • **Refund - Direct Deposit ... or ...** • **Owe -**

a Routing number: •  
 b Account number: •  
 c Type: • Checking • Savings

Electronic funds withdrawal effective date: ◀

You can choose to have your refund directly deposited into your bank account. Or, you can have the amount of any New York State tax you owe automatically withdrawn from your bank account. See the instructions on page 109 and fill in lines 80, and 80a, b, and c.

**Sign your return below**

**Third - party designee** Do you want to allow another person to discuss this return with the Tax Dept? (see page 110) ..... Yes X (complete the following) No  
 Designee's name \_\_\_\_\_ Designee's phone number \_\_\_\_\_  
 Designee PREPARER \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Paid** Preparer's signature \_\_\_\_\_ Date 03-22-2006  
**Preparer's use only** SSN or PTIN: • P00232413 Mark an X if self-employed: X  
 Firm's name (or yours, if self-employed) DIMAGGIO CO. Employer Identification number • 11-3548063  
 Mailing address (number and street or rural route) 144-28 25 DRIVE  
 City, village, or post office PLUSHING State NY ZIP code 11354

**Sign your return here**

Your signature \_\_\_\_\_  
 Your occupation: ENTERTAINER  
 Spouse's signature (if joint return) \_\_\_\_\_  
 Spouse's occupation (if joint return): \_\_\_\_\_  
 Date \_\_\_\_\_ Daytime phone number (optional) \_\_\_\_\_

Mail your completed return and any attachments to:  
 STATE PROCESSING CENTER  
 PO BOX 61000  
 ALBANY NY 12261-0001

014051015

You must file all four pages of this original scannable return with the Tax Department.



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